

JUN 10 2008

TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT (Under 37 CFR 1.97(b) or 1.97(c))					Docket No. 3.0-042	
In Re Application Of: Tetsuro Kurashina et al						
Application No. 10/552,692	Filing Date 06/07/2006	Examiner BUL, BRYAN	Customer No.	Group Art Unit 2863	Confirmation No. 3786	
Title: SHOE SHAPE SELECTION METHOD, ...						
<p>Address to: Commissioner for Patents P.O. Box 1480 Alexandria, VA 22313-1480</p> <p>37 CFR 1.97(b)</p> <p>1. <input type="checkbox"/> The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.</p> <p>37 CFR 1.97(c)</p> <p>2. <input checked="" type="checkbox"/> The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:</p> <p><input type="checkbox"/> the statement specified in 37 CFR 1.97(e);</p> <p>OR</p> <p><input checked="" type="checkbox"/> the fee set forth in 37 CFR 1.17(p). [180.]</p>						

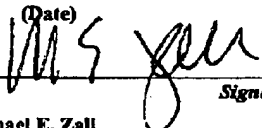
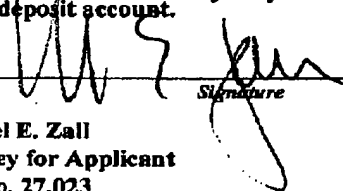
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10/552,692	06/07/2006	BUI, BRYAN		2863	3786	
Title: SHOE SHAPE SELECTION METHOD,						
Payment of Fee (Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))						
<input type="checkbox"/> A check in the amount of _____ is attached.						
<input type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. _____ as described below.						
<input type="checkbox"/> Charge the amount of _____						
<input type="checkbox"/> Credit any overpayment.						
<input type="checkbox"/> Charge any additional fee required.						
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.						
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Michael E. Zall						
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I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on						
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*This certificate may only be used if paying by deposit account.						
						
Signature						
Dated: June 10, 2008						
Michael E. Zall Attorney for Applicant Reg. No. 27,023 Two Yorkshire Drive Suffern, NY 10901 (845) 357-4533						
CC:						

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